
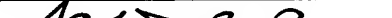
 <p style="text-align: center;"><b>TRANSMITTAL FORM</b></p> <p style="text-align: center;"><i>(to be used for all correspondence during pendency of filed application)</i></p>		Application Number	<b>10/698,814</b>
		Filing Date	<b>October 30, 2003</b>
		First Named Inventor	<b>Hugh S. Njemanze</b>
		Group Art Unit Number	<b>2161</b>
		Examiner Name	<b>Paul Kim</b>
Total Number of Pages in This Submission	<b>15</b>	Attorney Docket Number	<b>25137-11333</b>

<b>ENCLOSURES</b> <i>(check all that apply)</i>	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <div style="margin-left: 40px;"><input type="checkbox"/> Check Enclosed</div> <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Declaration <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <div style="margin-left: 40px;"><input type="checkbox"/> Copies of IDS Cited References</div> <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Request for Correction of Recorded Assignment <input checked="" type="checkbox"/> Amendment/Response: 12 Pages <div style="margin-left: 40px;"><input type="checkbox"/> After Final</div> <input type="checkbox"/> Status Request <input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Letter to Chief Draftsperson <input checked="" type="checkbox"/> Replacement Drawing(s): <div style="margin-left: 40px;">2 Sheets of Figures</div> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group <div style="margin-left: 40px;"><i>(Appeal Notice, Brief, Reply Brief)</i></div> <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
<b>REMARKS:</b>	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:			
Attorney/Reg. No.:	Sabra-Anne R. Truesdale, Reg. No. 55,687	Dated:	7/14/06

<b>CERTIFICATE OF MAILING</b>			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
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